



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 7899**

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/661,520	<b>FILING DATE</b> 09/13/2000  <b>RULE</b>	<b>CLASS</b> 472	<b>GROUP ART UNIT</b> 3712	<b>ATTORNEY DOCKET NO.</b> W07-469						
<b>APPLICANTS</b>  Peter J. Wilk, New York, NY;										
<b>** CONTINUING DATA *****</b> <i>None</i>										
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** <b>** 11/08/2000</b>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged            Examiner's Signature <i>[Signature]</i> Initials         </td> <td style="width:10%;"> <b>STATE OR COUNTRY</b>          NY       </td> <td style="width:10%;"> <b>SHEETS DRAWING</b>          1       </td> <td style="width:10%;"> <b>TOTAL CLAIMS</b>          9       </td> <td style="width:10%;"> <b>INDEPENDENT CLAIMS</b>          2       </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2	
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2						
<b>ADDRESS</b> Coleman Sudol Sapone P C 714 COLORADO AVENUE BRIDGEPORT , CT 06605-1601										
<b>TITLE</b> Novelty or entertainment device and associated method										
<b>FILING FEE RECEIVED</b> 505	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees ( Filing )										
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )										
<input type="checkbox"/> 1.18 Fees ( Issue )										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										